

Case Number:	CM15-0053006		
Date Assigned:	03/26/2015	Date of Injury:	08/22/2011
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a male, who sustained an industrial injury, August 22, 2011. The injured worker previously received the following treatments lumbar spine MRI, random toxicology laboratory studies and physical therapy. The injured worker was diagnosed with spinal stenosis of L3-L4, thoracic or lumbosacral neuritis or radiculitis and sprain/strain of the elbow and forearm. According to progress note of January 8, 2015, the injured workers chief complaint was lower back pain. The patient has had MRI of the lumbar spine on 8/13/2014 that revealed disc bulge and post surgical status. The injured worker was having difficulty with ambulation. The physical exam noted spasms, tenderness and guarding in the paraspinal musculature with decreased sensation noted bilaterally in the L4 and L5 dermatomes with pain and a healed incision was noted. The patient's surgical history include lumbar fusion. The treatment plan included 12 session of aquatic therapy for the lumbar spine. Patient has received an unspecified number of PT visits for this injury. The current medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aquatherapy 12 sessions, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page(s) 22.

Decision rationale: Request: Aquatherapy 12 sessions, lumbar spine. Per MTUS guidelines, aquatic therapy is, recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous of physical therapy visits was not specified in the records provided. Previous of physical therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of physical therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Aquatherapy 12 sessions, lumbar spine is not fully established in this patient.